

NOV 19 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

38225

1. PLACE OF DEATH

County Marion

Township Liberty

City Palmyra

Registration District No. 548

Primary Registration District No. 4323

File No. ....

Registered No. 47

St. .... Ward)

2. FULL NAME

William A. Meyers

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Elizabeth Murry Meyers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 4, 1868

7. AGE

YEARS

69

MONTHS

0

DAYS

29

If LESS than 1  
day, .... hrs.  
or .... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Teamster

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year) .....

11. Total time (years)  
spent in this  
occupation .....

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Adams County, Ill.

13. NAME

Andrew Meyers

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Mary Brendil

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Kentuckey

17. INFORMANT  
(ADDRESS)

Mrs. Elizabeth Meyers  
Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Boniface Cem.

Quincy, Ill.

DATE 11/4/37

PLACE

19.

19. UNDERTAKER  
(ADDRESS)

Lewis Bros  
Palmyra, Mo.

20. FILED

Nov 4 - 37 Kenneth Lee  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Apr., 1937, to Nov. 3, 1937

I last saw him/her alive on Nov. 1, 1937. Death is said

to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

Several years ago

Date of onset

Carcinoma Stomach

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Ex. my Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. J. Hargrett, M. D.

(Address) Palmyra Mo

